

## Complete Summary

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[Take the Second Annual User Survey](#)

### TITLE

Access: time to third next available short appointment.

### SOURCE(S)

Wisconsin Collaborative for Healthcare Quality, Inc. Access: time to third next available appointment. Milwaukee (WI): Wisconsin Collaborative for Healthcare Quality, Inc.; 2004 Sep 9. 5 p.

## Brief Abstract

### DESCRIPTION

Access is a measure of the patient's ability to seek and receive care with the provider of their choice, regardless of the reason for their visit. Counting the third next available appointment is the health care industry's standard measure of access to care and indicates how long a patient waits to be seen.

This measure assesses the average number of days to the third next available short\* appointment for each clinic and/or department. This measure does not differentiate between "new" and "established" patients.

See the National Quality Measures Clearinghouse (NQMC) summary of the Wisconsin Collaborative for Healthcare Quality measure [Access: time to third next available long appointment](#).

Note: The "short" measure generally includes appointments such as a acute care problems, re-check visits, or follow-up.

### RATIONALE

Access to health care is important to the quality of health care outcomes. Patients who can promptly schedule appointments with their health care providers will have higher satisfaction, will likely return to work sooner, and may well have better medical outcomes.

### PRIMARY CLINICAL COMPONENT

Appointment availability; average wait time

## DENOMINATOR DESCRIPTION

This measure applies to providers within a reported clinic and/or department (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## NUMERATOR DESCRIPTION

Continuous variable statement: Average number of days to third next available short appointment for each clinic and/or department

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Structure

#### SECONDARY MEASURE DOMAIN

Access

#### EVIDENCE SUPPORTING THE MEASURE

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Overall insufficient capacity

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. JAMA2003 Feb 26; 289(8):1035-40.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Collaborative inter-organizational quality improvement  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

### TARGET POPULATION AGE

Does not apply to structure measures

### TARGET POPULATION GENDER

Does not apply to structure measures

### STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to structure measures

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

The 1999 Kaiser Family Foundation survey of insured adults younger than 65 years found that 27% of people with health problems had difficulty gaining timely access to a clinician. Forty% of emergency department visits are not urgent. Many take place because of an inability to obtain a prompt primary care appointment. From 1997 to 2001, the percentage of people reporting an inability to obtain a timely appointment rose from 23% to 33%. In 2001, 43% of adults reporting an urgent condition were sometimes unable to receive care as soon as they wanted. A 2001 women's health survey found that 28% of women in fair or poor health reported delaying care or failing to receive care because of an inability to obtain a timely physician appointment.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. JAMA2003 Feb 26; 289(8):1035-40.

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

See "Incidence/Prevalence" field.

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

End of Life Care  
Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Patient-centeredness  
Timeliness

## Data Collection for the Measure

### CASE FINDING

Does not apply to structure measures

### DENOMINATOR SAMPLING FRAME

Does not apply to structure measures

### DENOMINATOR (INDEX) EVENT

Does not apply to structure measures

### DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions  
This measure applies to providers\* within a reported clinic and/or department\*\*

\*Providers:

- All physicians are included. Full-time and part-time providers included with no restrictions on definitions.
  - Clinicians who truly job share are counted as one clinician (i.e., they share one schedule, and/or they work separate day and share coverage of one practice).
  - When measuring a care team, each member of the care team is counted separately (i.e., MD, NP, PA).
- Mid-Level providers are included in the measure.
  - Mid-Level providers should have their own schedule available to see their own patients.
  - Mid-Level providers should have continuity practice (vs strictly an overflow practice).
- Locums are included in the measure only if they are assigned to a specific site for an extended period of time (i.e., long term replacement of a provider).
- For providers practicing at more than 1 location, measure days to 3rd next available for only the provider's primary location as long as the provider is at that location 51%+ of their time.
- Include total # of providers and percentage of providers in each of the reported departments.

\*\*Departments:

- Primary Care
  - General Internal Medicine
  - Family Practice
  - Pediatrics with the focus on generalists, not specialists
  - Med/Peds (physicians who see both adults and children)
- Specialty Care
  - OB/GYN, with a focus on general OB care

#### Exclusions

Exclude clinicians who do not practice for an extended period of time (greater than 4 weeks) due to maternity leave, sabbatical, family medical leave.

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Continuous variable statement: Average number of days to third next available short appointment for each clinic and/or department

The measure will take into account business days including "days off/out" if they fall on a M-F business day.

##### Exclusions

Holidays and weekends will be excluded.

#### DENOMINATOR TIME WINDOW

Does not apply to structure measures

#### NUMERATOR TIME WINDOW

Encounter or point in time

#### DATA SOURCE

Provider data

## LEVEL OF DETERMINATION OF QUALITY

Does not apply to structure measures

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Continuous Variable

### INTERPRETATION OF SCORE

Better quality is associated with a lower score

### ALLOWANCE FOR PATIENT FACTORS

Does not apply to structure measures

### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Time to third next available appointment is a nationally accepted measure of access and is endorsed by the Institute for Healthcare Improvement. This measure is used across the country at most major healthcare institutions. In addition, the members of the Wisconsin Collaborative for Healthcare Quality have undergone a data audit and validation by MetaStar, Inc, an independent third party. The purpose of this process was to audit the systems used to produce the data and to conduct measure determination. Measure determination consists of a series of steps to assure that the denominator is accurate, the sampling process is accurate, the numerator is appropriate, the entity has complied with the algorithm and documentation is appropriate.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Clough B. (Quality & Performance Improvement, Gundersen Lutheran Health System, LaCrosse WI). Personal communication. 2004 Nov 2. 1 p.

## Identifying Information

### ORIGINAL TITLE

Time to third next available appointment.

#### DEVELOPER

Wisconsin Collaborative for Healthcare Quality

#### ENDORSER

Institute for Healthcare Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2003 Oct

#### REVISION DATE

2004 Sep

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

Wisconsin Collaborative for Healthcare Quality, Inc. Access: time to third next available appointment. Milwaukee (WI): Wisconsin Collaborative for Healthcare Quality, Inc.; 2004 Sep 9. 5 p.

#### MEASURE AVAILABILITY

The individual measure, "Time to Third Next Available Appointment," is published in "Time to Third Next Available Long and Short Appointment Definition." This document is available in Portable Document Format (PDF) from the [Wisconsin Collaborative for Healthcare Quality](http://wchq.org).

For more information, contact Wisconsin Collaborative for Healthcare Quality, Inc. at MCW Research Park Center, 10000 Innovation Drive, Room 317, Milwaukee, WI 53226; Phone: 414.456.5261; E-mail: [info@wiqualitycollaborative.org](mailto:info@wiqualitycollaborative.org); Web site: <http://wchq.org>.

#### COMPANION DOCUMENTS

The following is available:

- Murray M, Tantau C. Same-day appointments: exploding the access paradigm. Fam Pract Manag 2000 Sep; 7(8):45-50.

## NQMC STATUS

This NQMC summary was completed by ECRI on January 13, 2005.

## COPYRIGHT STATEMENT

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

